SHRI R. VELU: Sir, as I mentioned, support for the amenities comes from the internal resources generated by us, namely, from Development Fund. Depreciation Fund and also revenue on which we bank upon to draw this money. It is not a budgetary support as such. However, there is a scope for improvement in allocation. With regard to the specific question raised by the hon. Member, I would say that the Northern Region gets Rs. 21 crores ...*(Interruptions)*... the UPA Government does not discriminate against any region ...*(Interruptions)*... Even Rs. 21 crore is far higher what is allotted to my own region. That way we should be happy.

NACO to remove bottlenecks

*242. SHRIMATI S.G INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the National AIDS Control Organisation (NACO) had offered a unique option to remove bottlenecks, streamline communications and ensure better utilization of funds;

(b) if so, the details thereof;

(c) whether the NACO had signed any Memorandum of Understanding with UNICEF in this regard; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) A Statement is laid on the Table of the House.

Statement

The National AIDS Control Programme Phase-ll gives the highest priority to generating awareness on HIV/AIDS issues through communication and social mobilization. A range Of contextual strategies is employed at the national and at State levels for generating awareness and promoting behaviour change.

In order to strengthen the ongoing communication efforts, a Communication Consortium on HIV/AIDS has been set up to bring together a number of partners so that sufficient funds could be mobilized. UNICEF acts as the secretariat for the consortium. An agreement to this effect has

been signed between NACO and UNICEF on 9.11.2004. The objectives of the Consortium are:—

(i) Bring knowledge and awareness on HIV/AIDS to all the people of India within the shortest possible time through fast and intensified media interventions and campaigns.

(ii) Involve youth in as many creative ways as possible in the prevention and management of HIV/AIDS.

(iii) Organize caravans and road shows (involving trains, buses, tractors and bullock carts) to suit specific needs and sensitivities of different unreached segments of population especially the adolescents and youth.

(iv) Bring together alliances and partnerships already working on the subject as strategic and area specific and effective coalitions for action.

SHRIMATI S.G INDIRA: Mr. Chairman, Sir, I thank you very much. On seeing the answer of the hon. Minister, I find that the National AIDS Control Programme, Phase-ll gives the highest priority to generate awareness about HIV/AIDS. Sir, the first case of HIV was detected in 1986. Now this number reached upto 5.1 million at the end of the last year. India today has stood next only to South Africa, which is estimated to have 5.4 million cases of HIV/AIDS. This shows-that we have failed somewhere to check the growth of HIV/AIDS. According to a report released by the World Health Organisation on the assessment for the year 2004, it has been revealed that there is insufficient progress in expanding retro-viral treatment. What is the Government going to do to expand the retro-viral treatment for the HIV/AIDS patient in the country?

DR. ANBUMANI RAMADOSS: Sir, from one case of HIV/AIDS in 1986, today India has an estimated case of 5.1 million. Though prevalence-wise it is much lower than many other countries in the world, because of the sheer population of the country the numbers are quite high. Today, India stands second in the world number-wise but prevalence-wise it is just 0.9 per cent of the adult population and 0.5 per cent of the total population. Whereas in different countries like Africa it is 23 per cent and in some countries it is 32 per cent also. The Government is taking all steps to prevent spread and rise of HIV/AIDS and we had the first national programme

started in 1992 and the second programme in 1999. In the second programme, we had a budgetary allocation of Rs. 2064 crores which ended last year and we are going to the third programme next year. All our focuses are on prevention. I reiterate that the Government of India is going to spend 85 per cent of its resources and energy on prevention and 15 per cent on care and support which is treatment. Hon. Member says that there have not been free ARTs given. The Government has committed that they will treat 100,000 people free of cost in the next five years and we are going according to the schedule. Till today, about 25 hospitals around the country are giving free ARTs, mostly in the high incidence States and by the end of this year about 100 hospitals will be giving free ARTs. There is no dearth on that.

SHRIMATI S.G INDIRA: Sir, my second supplementary is that there was an article reported in *The Hindu* on 17.3.2005 by Dr. Sunithis Solomon. She has mentioned that two drugs have been given to a pregnant lady who is affected by HIV/AIDS four weeks before delivery and Neverapin a few hours before delivery. My question is: economically well off people can consume those medicines on their own but what about the poor ladies who have been affected by the HIV/AIDS? Is the Government coming forward to provide all these medicines to Government hospitals all over the country?

DR. ANBUMANI RAMADOSS: Sir, the scheme of parent to child transmission whereby free Neverapin is given was started way back in 2001 itself, even before the free ARTs were given for all the other population. In fact, till today 2888 centres around the country are providing free retroviral treatment for pregnant mothers. During delivery Neverapin is given just before delivery and after 72 hours the baby is given, whereby a lot of percentage of babies getting infected by HIV is reduced. So 288 hospitals around the country are already providing for the last four to five years. We are giving it free.

DR. KARAN SINGH: Sir, to meetthe.growing menace of AIDS, which is creating havoc around the world, there are three elements *i.e.* awareness, prevention and cure. In prevention, again I see in this answer that there is no mention about the condom programme. It is widely accepted around the world that the only effective way to prevent the spread of AIDS is to have a widespread condom promotion programme. That is what they did

in Thailand. For some strange reason the Ministry seems to be either shy or reluctant to use the word 'condom*. In all these replies which they give, they never mention anything about the condom. Without that, Sir, they will not be able to control the problem. I would like to ask the Minister (a) whether there is a sufficient supply of condoms in the country and (b) whether the condom promotion programme and publicity programme and education programme that they have is on line yet or not?

DR. ANBUMANI RAMADOSS: Sir, the Government is not shy of condoms.

MR. CHAIRMAN: Who is shy?

DR. ANBUMANI RAMADOSS: The reply is question-specific. The Government is promoting 100 per cent condom usage in the country. Unlike the previous NDA Government's policy, the UPA Government is going in for 100 per cent usage of condom. As we all know that the Indian community is a very closely-nit and conservative community unlike Thailand where they have a very huge promotion of condoms. In just one day the Prime Minister of Thailand took up a promotion programme and condoms were given to children to blow and to play around. We cannot do that in India because our society is very conservative and takes a little time to go into that. In fact, we are doing the condom promotion. Last year, we had supplied 400 million pieces of condoms free of cost. This year, I have directed the officials to increase that number and to focus on six high-prevalence States. So, the States are going to be flooded with condoms and in the weeks to come there is going to be a series of advertisements coming up with regard to condom promotion.

As far as shortage of funds is concerned, I would say that there is no shortage of funds.

DR. (SHRIMATI) NAJMA A. HEPTULLA: Sir. there are many countries which are affected with HIV/AIDS specially, in Africa. But, there is one country in the world—Cuba—which has overcome the menace of HIV/ AIDS. I would like to know from the hon. Minister: is 'he Government contemplating in sending our team to study as to how the Cuban people have overcome this problem, how the doctors treating the patients there and also to know how the pregnant women are protected tom transmitting HIV/AIDS disease to their new-borne babies.

DR. ANBUMANI RAMADOSS: Sir, if there is a successful model, the Government will not hesitate in sending our team there. In fact, I myself would like to go personally to Cuba to study not only the HIV-related problems but also other health problems.

SHRI V. NARAYANASAMY: Sir, we have to have a discussion on this.

The hon. Minister said in his reply that the Government is concentrating on prevention. He has also said that 85 per cent is spent on prevention and the remaining 15 percent is spent on treatment, care, etc. Sir, when HIV infected patients or even the people who are at the initial stage of HIV/ AIDS go to the CGHS or other dispensaries for treatment or counselling, proper care is not given, or, they are not being attended to properly. This is the complaint. They are being treated as untouchables. Therefore, I would like to know from the hon. Minister whether the Government is going to have trained doctors, since you are putting only general doctors (physicians) in CGHS dispensaries, for the treatment of AIDS patients; and whether the Government is going to train doctors specially to treat HIV-infected people.

DR. ANBUMANI RAMADOSS: In 25 hospitals, which are giving free ARV treatment, only the trained doctors are allowed to treat HIV/AIDS patients. In fact, today, we can supply Anti-retroviral drugs to all the Government hospitals in the country. But, we cannot do it because we need trained personnel i.*e.,* not only doctors but also paramedical staff to handle the patients. We are giving them training. In fact, if they have the requisite training, equipment, etc., only then we are allowing them to treat HIV/AIDS patients.

The hon. Member is saying that there is some discrimination. Sir, we are, very shortly, bringing before Parliament a Bill which deals with discrimination of AIDS persons at work place, school, etc. Once this becomes a law, it will, I am sure, go a long way in dealing with such problems.

श्री सभापति : माननीय मंत्री महोदय, इनको बुलवा लें और पूछ लें कि इनको क्या-क्या तकलीफ है, उनका समाधान हो सकेगा, तो ठीक है।

SHRIMATIVANGAGEETHA: First, I would like to suggest a point. Sir, the reply says that there is an 'agreement'. It is not 'agreement', but it is 'Memorandum of Understanding'.

Now, my supplementary is, since NACO has entered into an agreement with UNICEF...

MR. CHAIRMAN: You put your question.

SHRIMATI VANGA GEETHA: How much time has been stipulated for the agreement; and what amount is likely to be spent by the Government of India; and has any reputed NGO also been involved in the implementation of this programme?

Sir, some of the districts—namely, Guntur, Karimnagar, East Godavari, etc.—of Andhra Pradesh have been identified as high prevalence area of HIV/AIDS. I would like to know from the hon. Minister what steps have been taken to control HIV/AIDS in these districts.

DR. ANBUMANI RAMADOSS: Sir, a Memorandum of Understanding had been arrived between the UNICEF and the NACO on 09.11.2004 to get more global partners, who, in association with India, would like to check against HIV/AIDS. After this, the NACO as well as the UNICEF have been deliberating upon as to how wings could be spread out to reach other partners for this purpose. This is taking off, but it is taking off slowly.

So far as Andhra Pradesh is concerned, I do not have details right now. I would let the hon. Member know later on.

National Commission on Farmers

†*243. SHRIMATI AMBIKA SONI:
DR. T. SUBBARAMI REDDY:††

Will the Minister of AGRICULTURE be pleased to state:

(a) whether the National Commission on Farmers headed by Dr. M.S. Swaminathan has initiated action to prepare reports on some of the fundamental issues affecting the lives and livelihood of farmers;

(b) if so, whether the Commission has decided to make primary reports of four priority areas such as 'farmers distress and suicides', 'causes and cures', "rainfed or dryland' and 'women farmers and the role of Panchayati Raj institutions';

(c) whether the Commission has already completed the study in this regard; and

†Starred Question Nos. 243 and 254 were taken together.

††The question was actually asked on the floor of the House by Dr. T. Subbarami Reddy.